



(County Stamp)



Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker number: \_\_\_\_\_  
Worker telephone number: \_\_\_\_\_  
Office hours: \_\_\_\_\_  
Notice for: \_\_\_\_\_

This letter is to tell you that all of the information necessary to refer your case to State Programs, Disability Determination Service Division for a disability determination has not been received.

Though federal law requires that eligibility for Medi-Cal based on disability be decided within 90 days, we are not able to do so in your case due to the reason(s) checked below.

We are awaiting the following information:

- ☐ For you to respond to our request for additional information  
(\_\_\_\_\_)
- ☐ For you to respond to our request to come into the office
- ☐ For you to contact your eligibility worker RIGHT AWAY because your disability form(s) is not completed correctly
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have questions about your Medi-Cal application, call me at (    )  
\_\_\_\_\_ between \_\_\_\_\_ a.m. and \_\_\_\_\_  
p.m.